



**APPLICATION FOR INTERIM LICENSE
FOR BINGO EQUIPMENT MANUFACTURERS AND DISTRIBUTORS
CGCC-610 (New 03/09)**

Pursuant to Penal Code sections 326.3(p)(1) and 326.5(p)(3)(B), the California Gambling Control Commission (Commission) shall require the licensure and registration of any person that directly or indirectly manufactures, distributes, supplies, vends, leases, or otherwise provides card-minding devices or other remote caller bingo supplies, equipment, or services designed for use in the playing of bingo games by any nonprofit organization that conducts bingo games.

Instructions:

Type or print legibly, in ink, all information requested on this application. If a question does not apply, write "N/A" (Not Applicable). Incomplete applications will be returned. You must provide truthful information in all your responses. All answers to questions in this application will be subject to verification. Any misrepresentation or failure to disclose information may constitute sufficient cause for denial or revocation of your license.

If applying as an individual applicant, fingerprints will need to be submitted for an automated criminal history check. If residing within the state of California, follow the steps below:

- 1) Locate and call a Live Scan provider. Determine if an appointment is required. Take the Request for Live Scan Service, BCII 8016 (Rev 03/07) form to a Live Scan provider.
- 2) The provider will process the fingerprints via Live Scan. Note: Applicants are not required to pay the processing fee associated with the processing and transmitting of fingerprints as these fees will be billed directly to the requesting agency.
- 3) After the fingerprints have been taken, attach a copy of the Request for Live Scan Service form to this application.

If residing outside of California, two FBI fingerprint cards must be obtained from the Commission and taken to any law enforcement agency for fingerprinting.

Send the completed application package with required fees (listed below) to: California Gambling Control Commission, 2399 Gateway Oaks Drive, Suite 220, Sacramento, CA 95833-4231. Please make all checks payable to the California Gambling Control Commission.

SECTION 1 – INTERIM LICENSE TYPE	
Please check the appropriate boxes below indicating whether you are applying for an <i>initial</i> or <i>renewal</i> interim license and the type of interim license you are applying for.	
Name of Business	Name of Applicant (Individual or Entity)
<input type="checkbox"/> Initial Interim License: \$500.00 (non-refundable fee, per application)	
<input type="checkbox"/> Renewal Interim License: \$500.00 (non-refundable fee, per application)	
<i>Indicate the interim license type you are applying for: (Check all that apply)</i>	
<input type="checkbox"/> Manufacturer <input type="checkbox"/> Distributor	<input type="checkbox"/> Supplier: <input type="checkbox"/> Bingo Supplies <input type="checkbox"/> Bingo Services

SECTION 2 – TYPE OF OWNER APPLICATION

Check one box indicating the type of owner application. Submit the application with the required fee and forms/information listed below with your *initial* or *renewal* application.

☐ **Business Entity (Owner licensee):** As indicated in section 3b.

- ✓ Complete all sections except section 5.
- ✓ Attach the following to the application:
 - Current Organization Chart
 - Listing of any gaming licenses
 - Copy of organizing documents (i.e., Articles of Incorporation, Articles of Organization, Partnership Agreement, etc.)

Note: Sole Proprietors must complete all sections of the application and attach the Request for Live Scan Service, BCII 8016 (Rev. 03/07) or two FBI Fingerprint Cards (non-California residents) – **Initial Application Only**

☐ **Individual Owner Applicant:** As indicated in section 5a.

- ✓ Complete sections 5, 6, and 7 only.
- ✓ Attach a completed Request for Live Scan Service, BCII 8016 (Rev 03/07) or two FBI Fingerprint Cards (non-California residents) – **Initial Application Only**

☐ **Entity Owner Applicant:** As indicated in section 3b.

- ✓ Complete sections 3, 6, and 7 only.
- ✓ Attach the following to the application:
 - Current Organization Chart
 - Copy of organizing documents (i.e. Articles of Incorporation, Articles of Organization, Partnership Agreement, etc.)

SECTION 3a – BUSINESS ENTITY INFORMATION

If the business has more than one location, attach a list of all California business locations where it manufactures or distributes bingo equipment.

Name of Business

Principal Place of Business Address

Mailing Address (If different than business address)

Telephone Number

()

Fax Number

()

Website address (if any)

Federal Employer Identification Number (if any)

Social Security Number (If no FEIN)

What fiscal year does the business use?

☐ Calendar year (January – December) ☐ Other: From: _____ To: _____

SECTION 3b – ENTITY STRUCTURE

Attach a current organization chart for the entity indicating names and job titles.

Check the appropriate box below:

☐ Sole Proprietor

☐ General Partnership

☐ Limited Partnership

☐ Joint Venture

☐ Limited Liability Company

☐ Corporation:

☐ Publicly Traded

☐ Private:

☐ Sub-Chapter S

☐ Sub-Chapter C

☐ Trust:

☐ Revocable

☐ Irrevocable

☐ Other: _____

SECTION 3b – ENTITY STRUCTURE (Continued)

Provide the following information regarding the business. Include all shareholders with a greater than 10% in ownership. For members of a Limited Liability Company, list membership interest in the ownership column. For partners, indicate whether general or limited partner after their name. For officers, directors, and principal management employees that have no ownership, enter 0% in the ownership column. If additional space is needed, use a separate sheet of paper.

Entity/Individual's Name	Title	Ownership/Membership Interest Percentage	Compensation Arrangement (salary, hourly, incentives, bonuses, etc.)
		%	
		%	
		%	
		%	

SECTION 3c – GENERAL INFORMATION: BUSINESS ENTITY

If you answer "yes" to any of the questions below, provide an explanation on a separate sheet of paper.

1. Has the business been licensed with any tribal, county, city, state, federal or international gaming agency? If yes, attach a listing of the gaming agency name, issue date, and expiration date.	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Has the business applied for a permit, license, finding of suitability, certificate, registration, or authorization related to bingo in any jurisdiction that was withdrawn or denied? If yes, attach a listing of the agency name and an explanation.	<input type="checkbox"/> Yes <input type="checkbox"/> No

SECTION 4 – BINGO EQUIPMENT & SUPPLIES

Mark each box that describes the category of the business relating to card-minding devices and remote caller bingo equipment and supplies. If additional space is needed, attach a separate sheet of paper.

Equipment & Supplies	Manufactures	Distributes	Leases
<input type="checkbox"/> Card-minding devices	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Point of sale system for card-minding devices	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Network & telecommunications used to communicate from the calling station to the card-minding devices	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Audio equipment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Video equipment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Calling station & related equipment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Main flashboard & related equipment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Balls	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Verifier	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Game pacer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Other equipment: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Bingo paper or cards	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Daubers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Other supplies: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SECTION 5a – INDIVIDUAL APPLICANT INFORMATION

Please indicate your association with the business: (Check all that apply)

- | | | | |
|--|--------------------------------------|--|--|
| <input type="checkbox"/> Sole Proprietor | <input type="checkbox"/> Officer | <input type="checkbox"/> Board of Directors Member | <input type="checkbox"/> Trustor |
| <input type="checkbox"/> General Partner | <input type="checkbox"/> Director | <input type="checkbox"/> LLC Member | <input type="checkbox"/> Trustee |
| <input type="checkbox"/> Limited Partner | <input type="checkbox"/> Shareholder | <input type="checkbox"/> General Manager | <input type="checkbox"/> Current Beneficiary |
| <input type="checkbox"/> Other: _____ | | | |

Last Name

First Name

Middle Initial

Other names you have used or been known by (aliases, maiden name, nicknames, other name changes; legal or otherwise)

*Address of Record – Number/Street

Apt. / Unit Number

City

County

State

Zip Code

Country

Residence Address, if different than above

E-mail Address:

Contact Numbers

Home: ()

Work: ()

Cell: ()

Birthdate (mm/dd/yyyy)

Gender

☐ Male ☐ Female

**Social Security Number

SECTION 5b – GENERAL INFORMATION: INDIVIDUAL APPLICANT

If you answer "yes" to any of the questions below, provide an explanation on a separate sheet of paper. If this is an application for renewal, you are only required to provide information not previously disclosed.

- | | |
|---|--|
| <p>1. Have you ever been convicted of any crime (misdemeanor or felony), including convictions which you pled "no contest" or "nolo contendere?"</p> <p style="margin-left: 20px;">If yes, provide the following information for each conviction:</p> <ul style="list-style-type: none"> a) Date of conviction b) Crime convicted of c) Court location (city and state) d) Penalty received | <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> |
| <p>2. Have you been issued a gaming license, certificate, permit, registration, finding of suitability, etc. by any tribal, county, city, state, federal, or international agency?</p> <p style="margin-left: 20px;">If yes, attach a listing of the gaming agency name, issue date, and expiration date.</p> | <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> |
| <p>3. Have you applied for a license, certificate, permit, registration, finding of suitability, authorization, etc. related to bingo in any jurisdiction that was withdrawn or denied?</p> <p style="margin-left: 20px;">If yes, attach a listing of the agency name and an explanation.</p> | <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> |

SECTION 6 – AUTHORIZED REPRESENTATIVE INFORMATION

Business entity applicants must assign an authorized representative to represent the business and other matters regarding licensure. Individual applicants may designate another individual or themselves.

Last Name		First Name	Middle Initial
Relationship to Applicant (Entity or Individual): <input type="checkbox"/> Owner <input type="checkbox"/> Attorney <input type="checkbox"/> Employee <input type="checkbox"/> Self <input type="checkbox"/> Other: _____			
Business Name (if applicable)			
Mailing Address			
E-mail Address			
Telephone Number ()	Cell Phone Number ()	Fax Number ()	

SECTION 7 – CERTIFICATION / SIGNATURE

If applying as a business entity, the highest ranking officer must sign on behalf of the entity. An applicant applying as an individual must sign on his or her behalf. If applying as a trust, the trustee must sign on behalf of the trust.

I certify under penalty of perjury under the laws of the State of California that I have personally completed this form and know its contents, the information contained herein and in any attachments, is true, accurate, and complete. I also understand that approval of an interim license is subject to the following conditions:

- (1) An interim license shall be valid for one year from the date it is issued by the Commission and may be renewed if regulations specifying the criteria for a regular license have not been adopted.*
- (2) Upon adoption of regulations specifying the criteria for a regular license, the Commission will notify the holder of the interim license of the requirement to submit a regular application package within 30 days of the effective date of the regulations. If a response has not been received within 30 days, the interim license will not be eligible for renewal.*
- (3) An interim license does not obligate the Commission to issue a regular license nor does it create a vested right in the holder to either a renewal of the interim license or to the granting of a subsequent regular license.*
- (4) Issuance of an interim license has no bearing on the question of whether the holder will qualify for issuance of any Commission permit, registration, or license. The interim license will be cancelled in the event that the Commission subsequently determines the applicant does not qualify for a regular license.*
- (5) If, during the term of an interim license, it is determined that the holder is disqualified pursuant to Section 12494, the Executive Director shall prepare an order to show cause why that interim license should not be cancelled. The holder of the interim license shall be given at least 30 days, but not more than 90 days, to respond in writing. After receipt of the holder's response, or if the holder fails to respond in the time specified, the matter shall be set for consideration at a noticed Commission meeting. The holder may address the Commission by way of an oral statement at the Commission meeting and, either in writing not less than ten days prior to the meeting or at the meeting itself, may request an evidentiary hearing.*

Signature	Date
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* You must provide your residence address to the Commission. Unless a separate mailing address is provided, the Commission will mail all correspondence to your residence address. Your residence address will not be displayed on the Commission's website and will not be provided to the public as a result of a request pursuant to the Public Records Act (Government Code section 6250 et seq.) or Business and Professions Code section 19821(b).

**Disclosure of your U.S. social security number is mandatory. Business and Professions Code section 30 and Public Law 94-455 (42 USC section 405(c)(2)(C)) authorize collection of your social security number. Your social security number will be used exclusively for tax enforcement purposes, for purposes of compliance with any judgment or order for family support in accordance with Family Code section 17520 or for verification of licensure. If you fail to disclose your social security number, your application will not be processed and you will be reported to the Franchise Tax Board, which may assess a \$100 penalty against you.